



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HENDRICKS REGIONAL HEALTH

City of Hospital: Danville

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Robyn Ganly

Email Address: robyn.ganly@hendricks.org

Medicare Provider Number: 15-0005

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$153034747 |
| Outpatient Patient Service Revenue | \$501521461 |
| Total Gross Patient Service Revenue | \$654556208 |

2. Deductions From Revenue

| | |
|-----------------------|-------------|
| Contractual Allowance | \$367620194 |
| Other Deductions | \$24994437 |
| Total Deductions | \$392614631 |

3. Total Operating Revenue

| | |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$261941577 |
| Other Operating Revenue | \$10724182 |
| Total Operating Revenue | \$272665759 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages | \$113447376 | Employee Benefits | \$31034603 |
| Depreciation and Amortization | \$17704389 | Interest Expense | \$4628046 |
| Bad Debt | \$0 | Other Expenses | \$109355881 |
| Total Operating Expenses | \$276170295 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|------------|-------------------|-----|
| Excess Revenue over Expenses | \$-3504536 | Total Assets | \$0 |
| Net Non-operating Gains over Loss | \$25596990 | Total Liabilities | \$0 |

| | |
|-----------------|------------|
| Total Net Gains | \$22092454 |
|-----------------|------------|

| |
|--------------------------------------|
| Statement Two: Contractual Allowance |
|--------------------------------------|

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$260764937 | \$203427856 | \$57337081 |
| Medicaid | \$62545911 | \$43403433 | \$19142478 |
| Other Government | \$9726339 | \$7412 | \$9718927 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$321519020 | \$145775930 | \$175743090 |
| Total | \$654556207 | \$392614631 | \$261941576 |

| |
|--------------------------------------|
| Statement Three: Donations Statement |
|--------------------------------------|

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$0 | \$0 |

| |
|------------------------------------|
| Statement Four: Research Statement |
|------------------------------------|

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

| |
|-------------------------------------|
| Statement Five: Education Statement |
|-------------------------------------|

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$0 | \$0 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

| | |
|---|-----|
| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

| |
|----------------------------------|
| Statement Six: Charity Statement |
|----------------------------------|

| | |
|--------------------------|-----------|
| Hospital Charity Charges | \$3983772 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$0 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$0 | \$0 |
| Medicaid Shortfalls | \$0 | \$0 | |
| Subtotal | \$0 | \$0 | \$0 |
| DSH Payments | \$3,004,464 | | |
| Subtotal | \$3004464 | \$0 | \$3004464 |
| Medicare Shortfalls | \$0 | \$0 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$3004464 | \$0 | \$3004464 |

| |
|---|
| Statement Seven: Subsidized Health Services for the Community |
|---|

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$655700 | \$-655700 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$8231546 | \$-8231546 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

//